

Periodic Health Exam (PHA) OVER 40

NOTE: The new annual PHA replaces the 5-year periodic physical examination, but does not replace the need for specialty physical examinations required for military school attendance and other unique military programs.

INSTRUCTIONS

All of the following must be completed prior to booking the actual PART 2 physical.

****TO ENSURE COMPLETION, CHECK OFF EACH BOX BELOW PRIOR TO SCHEDULING PART 2.**

☐ Complete part I of the PHA online through AKO:

- Once you have logged on to AKO, click on "My Medical Readiness Status" on the right hand side of the page, or choose "My Medical Readiness" from the drop down menu of the "Self Service" tab at the top of the page.
- On the left hand side of the My Medical Readiness page, you will see a section titled "Periodic Health Assessment (PHA)". You may have to scroll over the box to open this section. In the accompanying text, there is a link to the "Periodic Health Assessment". Clicking on this link will send you to the MEDPROS "Medical Health Assessments" (MHA) page. On the right hand side, click where indicated to begin a new form.
- Follow the instructions to complete the assessment. You must complete all sections. Once you have finished, the MEDPROS MHA page will show a new PHA form in the list on the left hand side. The status must read as "member portion complete" before you can schedule your Part II appointment.
- Print a screen shot of the MEDPROS web page showing your Part I survey in "Member portion complete" status. You may do so by clicking on the printer icon at the top of the frame. You must bring this page in with your packet to schedule your Part II appointment.

☐ Vision:

- Screening will be completed the day of appointment. **REMOVE CONTACTS 24 HOURS PRIOR TO EXAM** (Bring glasses to your appointment). No exam is needed before your Part II appointment. If you need glasses, gas mask inserts, or military combat eye protection inserts, you must make an appointment with Optometry at Kenner Army Health Clinic for a current exam and for ordering these items.

☐ Hearing exam:

- You must have a completed hearing exam within one year prior to your PHA (to include follow up exams if instructed). You may print out your most recent exam results by going to the "My

Medical Readiness" page on AKO and clicking on the "View Detailed Information" link under the Hearing Readiness section. This will take you to your Medical Readiness Profile in MEDPROS. Click on the link to your Hearing Record form to bring up a copy of your most recent exam results. Print a copy of this page to add to your packet. NOTE: The Medical Readiness status indicator for hearing is out of date in AKO. It may indicate that you are current (or green), but you MUST have completed an exam within the prior year to complete your PHA.

- If you have not had a hearing exam within the last year, you may walk in to the Active Duty Clinic to have one completed (No appointment needed). Fill out the "Hearing Test Data" sheet in your PHA packet prior to your appointment. Walk-in hours are Mon-Fri from 0700-1130hrs and 1300-1530hrs during days the clinic is open. You will need to bring a printed copy of your exam in with your packet in order to schedule your Part II appointment.

☐ HIV:

- You need to have completed an HIV lab draw within two years prior to your PHA. If you are not current, you may report to the lab at Kenner Army Health Clinic any time during normal business hours to have this lab drawn. You do not need to have orders placed prior to reporting to the lab. The lab will give you a paper indicating that your HIV lab has been drawn, bring this in with the rest of your packet.

☐ Immunizations:

- You must be current on all your required immunizations prior to completing your PHA. If you are green for immunizations on the My Medical Readiness page, you do not need to take further action. If you are red, you can view your detailed immunization profile by clicking on the "View Detailed Information" link, which will send you to your MEDPROS Medical Readiness Profile page. Click on the "Immunization Profile" link and you will see a list of all required immunizations and your current status. If you require Hepatitis A (HEP A), Hepatitis B (HEP B), or Tetanus-Diphtheria-Pertussis vaccinations, please contact the Active Duty Clinic and they will instruct you on how to proceed. If you are not current for MMR and/or Varicella, you will need to have blood drawn to check if you need a vaccination. You may report to the lab at Kenner Army Health Clinic any time during normal business hours to have this lab drawn. You do not need to have orders placed prior to reporting to the lab. The lab will give you a paper indicating that this lab has been drawn, bring this in with the rest of your packet.

☐ Fasting Labs

- You must complete a set of fasting labs prior to scheduling Part 2 of the PHA. Fasting must occur for 12 hours prior to the lab draw (you may have water). You may report to lab at Kenner Army Health Clinic any time during normal business hours to have this lab drawn. You do not need to have orders placed prior to reporting to the lab. You must inform the lab that you require the "lab set for an over 40 PHA". The lab will stamp your packet indicating that your labs have been drawn.

☐ DNA/G6PD

- If your Medical Readiness Status on the My Medical Readiness page indicates that you do not have DNA or G6PD on file, report to the laboratory at Kenner Army Health clinic for a records check and DNA or G6PD sampling if necessary. The lab will provide you with a paper to indicate that you are up to date or have had a sample taken.

☐ Individual Medical Readiness:

- Once you are current/green for DNA, G6PD, HIV, Immunizations, Vision equipment (not exam), and Hearing or you have taken the proper corrective action indicated above, print a copy of your Medical Readiness Status by clicking on the "Print" link at the top of the Medical Readiness Column on the right hand side of the My Medical Readiness page. You must bring a copy of this print out with your packet when you come in to schedule your Part II appointment. If corrective action was necessary, bring in the proper documentation as well.

☐ Fill out boxes (1-8) on the PHA checklist, included with your PHA packet.

☐ Complete the Tuberculosis (TB) survey included in your PHA packet and put your identifying information in bottom left "Patient's Identification" box.

☐ Bring a copy of any permanent profiles and/or temporary profiles greater than 30 days. You may find copies of your profiles by going to <https://medpros.mods.army.mil/eprofile/public/ako/default.aspx>.

ONCE ALL THE ABOVE IS COMPLETE, RETURN TO THE ACTIVE DUTY CLINIC WITH YOUR COMPLETED PACKET TO SCHEDULE YOUR PART 2 MON THRU FRIDAY AT 0700-1130, 1300-1500.

KENNER STAFF PLEASE STAMP THE USUAL CHECKLIST PROVIDED



Branch of Service: Please Circle One: ARMY NAVY MARINE AIRFORCE

PERIODIC HEALTH ASSESSMENT CHECKLIST

PLEASE FILL OUT BOXES 1-8 ONLY

| | | | | | |
|---------------|----------------------|------------------|----------------------|----------|----------------------|
| 1. LAST NAME: | <input type="text"/> | 2. FIRST NAME: | <input type="text"/> | 3. RANK: | <input type="text"/> |
| 4. FULL SSN: | <input type="text"/> | 5. PHONE #: | <input type="text"/> | 6. AGE: | <input type="text"/> |
| 7. UNIT: | <input type="text"/> | 8. TODAY'S DATE: | <input type="text"/> | | |

Visual Acuity

UNCORRECTED Distant

| | | | | | |
|-----------------------|-----|----------------------|-----|----------|-------|
| Right eye uncorrected | 20/ | Left eye uncorrected | 20/ | INITIALS | _____ |
| Both eyes uncorrected | 20/ | | | | |

CORRECTED Distant

| | | | | | |
|---------------------|-----|--------------------|-----|----------|-------|
| Right eye corrected | 20/ | Left eye corrected | 20/ | INITIALS | _____ |
| Both eyes corrected | 20/ | | | | |

UNCORRECTED Near

| | | | | | |
|-----------------------|-----|----------------------|-----|----------|-------|
| Right eye uncorrected | 20/ | Left eye uncorrected | 20/ | INITIALS | _____ |
| Both eyes uncorrected | 20/ | | | | |

CORRECTED Near

| | | | | | |
|---------------------|-----|--------------------|-----|----------|-------|
| Right eye corrected | 20/ | Left eye corrected | 20/ | INITIALS | _____ |
| Both eyes corrected | 20/ | | | | |

LABORATORY (OVER 40/50 PHAs)

OVER 40 LABS

| | |
|-------------------------|-----------------------|
| TOTAL CHOLESTEROL _____ | FASTING GLUCOSE _____ |
| TRIG _____ | PSA _____ |
| HDL _____ | |

OVER 50 LABS

| | | |
|------------------|-----------|-----------|
| FOB _____ | FOB _____ | FOB _____ |
| CHEST XRAY _____ | | |

PHYSICAL EXAM SECTION

| | |
|---|-------------------------------------|
| 10 PAGE QUESTIONNAIRE COMPLETED _____ | |
| HEARING EXAM (WITHIN 1 YEAR) _____ | WELL WOMAN EXAM (PAP) _____ |
| MAMMOGRAM (OVER 40) DATE: _____ | BIOPSYCHOSOCIAL QUESTIONNAIRE _____ |
| EKG (OVER 40: EVERY 5 YRS UNLESS OTHERWISE INDICATED) | |

| | |
|-----------------------|------------------|
| DATE OF PART 2: _____ | APPT TIME: _____ |
|-----------------------|------------------|

| | |
|-----------------|------------|
| PROVIDER: _____ | PCM: _____ |
|-----------------|------------|

REMARKS: Due to high demand, I understand that if I'm a "No-Show" I may, not receive a PE/PHA appt. for 30 days. INT: _____

PERIODIC TUBERCULOSIS (TB) RISK ASSESSMENT TOOL

For use of this form see, MEDCOM Reg 40-64, the proponent agency is, MCPQ-SA

| Periodic Tuberculosis (TB) Risk Assessment Tool | | REVIEWER INSTRUCTION |
|--|---|---|
| <p>1. Since your last TB risk assessment, did you have face-to-face contact with someone who was sick with tuberculosis (TB)?</p> <p>If yes, nature of exposure: Household - Co-worker - Family - Other _____</p> <p>Dates of exposure _____</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <p>2. Since your last TB risk assessment, did you work, volunteer, or reside in a detainee facility, prison, homeless shelter, refugee camp, or drug treatment facility?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <p>3. Since your last TB risk assessment, did you develop any of the following conditions: organ transplant; HIV infection; immunosuppression secondary to use of prednisone (equivalent of >15mg/day for >1 month) or other immunosuppressive medication such as Humira, Enbrel or Remicade?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <p>4. Since your last TB risk assessment, did you develop any of the following conditions: diabetes, silicosis, cancer of head or neck, Hodgkin's disease, leukemia, end-stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight [10% or more below ideal weight], or injection drug use?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <p>All "NO" answers = low risk → STOP</p> <p>Any "YES" answers = increased risk → Go to question #5</p> | | <p>If all "NO" responses → Do NOT test for TB</p> |
| <p>5. Do you have any of the following symptoms of tuberculosis: cough > 2 weeks, fever > 2 weeks, drenching night sweats, or unplanned weight loss?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <p>If "NO" → Go to question #6</p> <p>If "YES" → STOP</p> | | <p>If "YES" then refer immediately to provider for evaluation of TB disease</p> |
| <p>6. Have you had a prior TB test, prior diagnosis of TB, or prior treatment for TB?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No STOP | |
| <p>Reviewer comments:</p> | | <p>If "NO" → Test for TB</p> <p>If "YES" → Do NOT test</p> <p>REFER for provider evaluation</p> |
| <p>PATIENT'S IDENTIFICATION (For typed or written entries give: Name- last, first, middle; DOB; SSN; date; hospital or medical facility)</p> | <p>REVIEWER NAME</p> | <p>REVIEWER SIGNATURE</p> |
| | | |
| | | |
| | | |

PLEASE FILL OUT COMPLETELY AND
RETURN TO ACTIVE DUTY CLINIC
BEFORE GOING TO LAB

(PLEASE WRITE LEGIBLY)

PHA OVER 35 LAB FORM

Name: _____ Full SSN: _____

Rank _____ Age: _____ Phone: _____

ADC USE ONLY:

PCM:

TODAY'S DATE _____

HEARING TEST DATA

DoD Comp: Army Air Force Marine Navy

Service Comp: Regular Reserve National Guard

Rank/Grade: _____/_____

Last Name: _____ First Name _____

MI _____ Gender: _____ SSN _____ - _____

DOB (mm/dd/yyyy) _____/_____/_____

Current MOS: _____ UIC: (If known) _____

Unit: _____

Major Command (If known) _____

Location/Place of work _____

Contact Number: () _____ - _____

| | |
|---|-----------|
| Do you have any ears, nose, or throat Problems? | Yes or No |
| Do you wear hearing aids? | Yes or No |
| Do you wear glasses? | Yes or No |
| Do you wear hearing protection while working? | Yes or No |

| | | | |
|------------------|----|----|----|
| Hearing Category | H1 | H2 | H3 |
|------------------|----|----|----|